New York State Voter Registration Form

Register to vote

With this form, you register to vote in elections in New York State. You can also use this form to:

- change the name or address on your voter registration
- become a member of a political party
- change your party membership

To register you must:

- be a US citizen;
- be 18 years old by the end of this year;
- not be in prison or on parole for a felony conviction;
- not claim the right to vote elsewhere.

Send or deliver this form

Fill out the form below and send it to **your county's address** on the back of this form, or take this form to the office of your County Board of Elections.

Mail or deliver this form at least 25 days before the election you want to vote in. Your county will notify you that you are registered to vote.

Questions?

Call your County Board of Elections listed on the back of this form or 1-800-FOR-VOTE (TDD/TTY Dial 711)

Find answers or tools on our website www.elections.ny.gov

Verifying your identity

We'll try to check your identity before Election Day, through the DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, which you'll fill in below.

If you do not have a DMV or social security number, you may use a valid photo ID, a current utility bill, bank statement, paycheck, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form—be sure to tape the sides of the form closed.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

Información en español: si le interesa ot formulario en español, llame al 1-800-36				님을 원하시면 으로 전화 하		আপনি এই ফর্মটি বাংলাতে পেতে চান ভাহলে ৪০০–367–8683 নশ্বরে ফোন করুন
It is a crime to procure a fa	lse reg	gistration or to furnish false information to the	Board	of Election	ns. F	Please print in blue or black ink.
Qualifications	1	Are you a citizen of the U.S.? Yes If you answer No, you cannot register to vote	□ No e.	-		For board use only
Qualifications	2	Will you be 18 years of age or older on or before election day?				
Your name	3	Last name First name				Suffix Middle Initial
More information Items 6 & 7 are optional	6	Birth date M M I D D I Y Y Y Y Y Phone		5 Sex 7 Ema		□ F
The address where you live	8	Address (not P.O. box) Apt. Number City/Town/Village New York State County				
The address where you receive mail Skip if same as above	9	Address or P.O. box P.O. Box Zip code City/Town/Village				
Voting history	10	Have you voted before? Yes	No		11	What year?
Voting information that has changed Skip if this has not changed or you have not voted before	12	Your name was Your address was Your previous state or New York State County was				
Identification You must make 1 selection For questions, please refer to Verifying your identity above.	13	□ New York State DMV number □ Last four digits of your Social Security number				
Political party You must make 1 selection Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.	14	I wish to enroll in a political party Democratic party Republican party Conservative party Green party Working Families party Independence party Women's Equality party Reform party Other I do not wish to enroll in a political party No party	16	•	I am a citized I will have live for at least 3 I meet all red to vote in Ne This is my si The above in if it is not true	: I swear or affirm that n of the United States. red in the county, city or village to days before the election. quirements to register sw York State. ignature or mark in the box below. information is true, I understand that le, I can be convicted and fined up ind/or jailed for up to four years.
Optional questions	15	I need to apply for an Absentee ballot.		Date		

☐ I would like to be an Election Day worker.

Address and stamp this section

Your address	
	* ELECTION MAIL
	* * * *

Place First-Class Stamp Here

Before mailing, remove tape, fold and seal

Your County Board of Elections address (select from below)

New York City 32 Broadway, 7th Fl. New York, NY 10004 (212) 487-5300

Allegany 6 Schuyler St. Belmont, NY 14813 (585) 268-9294

Broome Government Plaza 60 Hawley St. PO Box 1766 Binghamton, NY 13902 (**607**) **778-2172**

Cattaraugus 207 Rock City St. Suite 100 Little Valley, NY 14755 (716) 938-2400

Cayuga 157 Genesee St. (Basement) Auburn, NY 13021 (315) 253-1285

Chautauqua 7 North Erie St. Mayville, NY 14757 (716) 753-4580

Chemung 378 South Main St. PO Box 588 Elmira, NY 14902 (607) 737-5475

Albany 22 North Russell Road Ste. 104
Albany, NY 12206 17 Margaret St. Plattsburgh, NY 12901 (518) 487-5060 (518) 585-4740 Cnty Government Ctr. Fulton

Columbia 401 State St. Hudson, NY 12534 (518) 828-3115

Cortland 112 River St. Suite 1 Cortland, NY 13045 (607) 753-5032

Delaware 3 Gallant Ave. Delhi, NY 13753 (607) 746-2315

Dutchess 47 Cannon St. Poughkeepsie, NY 12601 (845) 486-2473

Erie 134 W. Eagle St. Buffalo, NY 14202 (716) 858-8891

7551 Court St. PO Box 217 Elizabethtown, NY 12932 (518) 873-3474

Franklin 355 West Main St. Ste. 161 Malone, NY 12953 (518) 481-1663 2714 St. Hwy 29

Ste. 1 Johnstown, NY 12095 (518) 736-5526 Genesee County Building #1 15 Main St. PO Box 284

(585) 344-2550

Hamilton

Rte. 8 PO Box 175 Lake Pleasant, NY 12108 (518) 548-4684

Old Courthouse 9 Park St. PO Box 1500 Fonda, NY 12068 (518) 853-8180 Herkimer 109 Mary St. Ste. 1306 Nassau 240 Old Country Rd. 5th Fl. ste. 1306 Herkimer, NY 13350 (315) 867-1102 Mineola, NY 11501 (516) 571-2411

Jefferson 175 Arsenal St. Watertown, NY 13601 (315) 785-3027

Lewis 7660 N. State St. Lowville, NY 13367 (315) 376-5329

Livingston Livingston County Govt. Ctr. 6 Court St. Room 104 Geneseo, NY 14454 (585) 243-7090

Montgomery

Niagara 111 Main St. Ste. 100 Lockport, NY 14094 (716) 438-4040

Madison County Office Bldg. N. Court St. PO Box 666 Wampsville, NY 13163 (315) 366-2231

Monroe 39 Main St. W. Rochester, NY 14614 (585) 753-1550

Oswego, NY 13126 (315) 349-8350

(607) 547-4247

Oneida Union Station 321 Main St. 3rd Fl. Utica, NY 13501

Syracuse, NY 13204 (315) 435-3312

Ontario 74 Ontario St. Canandaigua, NY 14424 (585) 396-4005

Orange 25 Court Lane PO Box 30 Goshen, NY 10924 (845) 291-2444

Saratoga 50 W. High St. Ballston Spa, NY Orleans 14012 State Rte. 31 Albion, NY 14411 (585) 589-3274 12020 (518) 885-2249

Schenectady 388 Broadway, Ste. E Schenectady, NY 12305 (518) 377-2469

Schoharie County Office Bldg. 284 Main St. PO Box 99 Schoharie, NY 12157 (518) 295-8388

Putnam 25 Old Route 6 Carmel, NY 10512 (845) 808-1300

Rensselaer Government Ctr. 1600 Seventh Ave. Troy, NY 12180 (518) 270-2990

One DiPronio Dr. Waterloo, NY 13165 (315) 539-1760 Rockland Steuben
11 New Hempstead Rd. 3 E. Pulteney Sq.
New City, NY 10956 Bath, NY 14810 New City, NY 10956 (845) 638-5172 (607) 664-2260

St. Lawrence 48 Court St. Canton, NY 13617 (315) 379-2202 Yaphank Ave. PO Box 700 Yaphank, NY 11980 (631) 852-4500

Sullivan Gov't. Ctr. 100 North St. PO Box 5012 Monticello, NY 12701 (845) 807-0400

(607) 535-8195

Tioga County Office Bldg. 56 Main St. Owego, NY 13827 (607) 687-8261

Tompkins Court House Annex 128 E. Buffalo St. Ithaca, NY 14850 (607) 274-5522

Warren Cnty. Municipal Ctr. 3rd Floor Human Serv. Bldg 1340 St. Rte. 9 Lake George, NY 12845 (518) 761-6456

Washington 383 Broadway Fort Edward, NY

(518) 746-2180

Wayne 7376 State Rte. 31 PO Box 636 Lyons, NY 14489 (315) 946-7400

Westchester 25 Quarropas St. White Plains, NY

(914) 995-5700 Wyoming 4 Perry Ave. Warsaw, NY 14569 (585) 786-8931

Yates Ste. 1124 417 Liberty St. Penn Yan, NY 14527 (315) 536-5135

(Optional) Register to donate your organs and tissues

If you would like to be an organ and tissue donor, you may enroll in the NYS Department of Health (DOH) $Donate Life^{TM}$ Registry online at www.nyhealth.gov or provide your name and address below.

You will receive a confirmation letter from DOH, which will also provide you an opportunity to limit your donation.



First name	
Middle Initial Suffix	
Address	
Apt. Number	Zip code
City	
Birth date MMM/DDD/PYYYY	Sex M F
Eye color	Height Ft. Ir

By signing	below.	
	that you are	٠.

- 18 years of age or older;
- consenting to donate all of your organs and
- tissues for transplantation, research, or both; · authorizing the Board of Elections to provide your name and identifying information to DOH for enrollment in the Registry;
- and authorizing DOH to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death

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